

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback” (OMB Control Number: 3090-0297)**

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**TITLE OF INFORMATION COLLECTION:** ITC Monthly Vendor Event Survey

**PURPOSE:** The purpose of the survey is to gather feedback from attendees about their experience participating and interaction with GSA in the monthly event. The data will help make improvements when planning future monthly gatherings.

**DESCRIPTION OF RESPONDENTS:** Attendees are vendors who would like to get on GSA Schedule or who have recently been awarded a contract.

**TYPE OF COLLECTION:** (Check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form         | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                  | <input type="checkbox"/> Other: _____                            |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

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To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?     Yes     No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?     Yes     No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?     Yes     No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?     Yes     No

## BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Industry Partners	96	6 minutes	9.6 hours
<b>Totals</b>	96	6 minutes	9.6 hours

**FEDERAL COST:** The estimated annual cost to the Federal government is: \$35.52

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

### **The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  Yes  
 No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

An email list will be obtained from the conference planner. The survey will be sent to respondents who participated in the conference within 48 hours following the last day of the event.

### **Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
 **Web-based** or other forms of Social Media (**via Qualtrics Survey Software**)  
 Telephone  
 In-person  
 Mail  
 Other, Explain
2. Will interviewers or facilitators be used?  Yes  No